# Get Moving and Recreation For All

*Fund Application Form 2017*



The 2017 Get Moving(GM)/Recreation for All(Rec4All) fund through the Seattle Park District supports local nonprofit organizations, small businesses, and community groups to provide culturally relevant physical and enrichment programming to under resourced communities in neighborhoods where health and enrichment disparities are prevalent. The goal of the community funding is to further strengthen the collaborative working relationship between Seattle Parks and Recreation and Community through innovative and sustainable programs.

**A request for funding to the GET MOVING/RECREATION FOR ALL Fund must be typed and include:**

- Application Cover sheet
- Narrative section
- Budget Information

**If funded, groups will need to obtain a City of Seattle Business License and appropriate liability insurance.**

**If you have questions or need help in completing this application form, technical assistance is available. Please contact Lakema Bell at (206) 684-7006 or Lakema.bell@seattle.gov or Jeron A. Gates at (206) 386-4671 or at Jeron.gates@seattle.gov**

# APPLICATION COVER SHEET

**ORGANIZATION CONTACT INFORMATION**

Organization/Business/Group Name: _____

Project Contact Person: _____

Title: _____ Email: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

Organization Website: _____ Tax ID/EIN:* _____
**\*If funded, groups will need to obtain a City of Seattle Business License and appropriate insurance.**

**GRANT REQUEST INFORMATION**

Project Name: _____

Purpose of Grant: _____

_____

**Grant Source Requested:** ☐**Get Moving (up to 15k)** ☐**Recreation For All (up to 15k)**
(Youth 1-19, Young Adults 19-30, Mature Adults 50+, Underserved Population
Intergenerational/Dual Generation, LGBTQ, People with Disability)

Beginning and Ending Project Dates: _____
Amount Requested: $_____ Total Project Cost: $ _____

**NONPROFIT STATUS**

Is your organization an IRS 501(c)3 not-for-profit? _____ Yes _____ No

If no, do you have a fiscal sponsor? _____ Yes _____ No

Name of fiscal sponsor: _____

Address: _____ City, State_____

Phone Number: ( ) ____ -_____ Primary Contact _____

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**By signing, I declare that the information in my application is true and accurate to the best of my knowledge.**

_____          _____

**Signature of Applicant or Authorized Representative          Date**

If you are e-mailing your application, scan the signed page or FAX to (206) 615-1813

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## NARRATIVE SECTION

This section should be 1-2 pages long, not more. The Budget Information should be on a separate page.

**FUND REQUEST**

- Organization Background and Capacity:
    - Provide a brief history of your physical/activity programming or community experience.
    - What evidence can you provide of your organization's/ group's capacity to produce this program successfully?
- Proposed Project: Describe the proposed project.
    - What are the activities of the project?  Who will this project serve? Include demographic information.
    - Which neighborhood will this project take place in? **(See preferred neighborhood list in Eligibility and Guideline Doc**) How many people will be served?
    - How will the project be implemented? Provide a brief work plan for the project that include the steps you will take and when they will be completed?
- Project Impact – What Will Be Accomplished?
    - Talk about how you will use this funding specifically to meet the goals of:
        - Increased access to physical/recreational activity.
        - Increased opportunities for movement.
        - Increased opportunities for recreational activity.  Create multiple opportunities to be active in the community.
    - How will you measure the success of this program?  What barriers do you anticipate to achieving the goals of this fund?
- Community Impact
    - How does your project decrease barriers to community participating in recreational activities?
    - How will you involve your stakeholders in the development of this project?
    - Describe what steps will be used to reach your identified population?
    - How will this project benefit the participants?
    - How will this project benefit the community?
- Leadership & Staff:
    - How many staff/members will be involved?
    - Are community partners and or organizations involved in the program/activity to be funded?   Yes____ No_____
        - If yes, please list the names of the partners and the scope of work for each partner and the collective impact of the partnership.
- Sustainability:
    - Please describe your plan to sustain the program beyond current funding cycle? *(i.e., partnership development, in-kind donations, instructor certifications etc.)*

- Is there anything else about your organization or your project you would like us to know?

## BUDGET INFORMATION

- Project Budget: Please list your expenses and income for this project on a separate page. A sample budget format is attached for your reference. You may also use an existing budget if you have one.
- Organizational Budget: Please attach a copy of your organizational budget if you have one.

## SAMPLE BUDGET

**PLEASE BE SURE TO COMPLETE BOTH THE EXPENSES AND INCOME SECTIONS**

| INCOME (List all sources of funding for your project) | AMOUNT |
|---|---|
| Get Moving/Recreation for All Fund | |
| | |
| | |
| In-Kind Donations (please list below) | |
| | |
| **TOTAL PROJECT REVENUE** | |

| EXPENSES (List all expenses here. Add line items as needed) | AMOUNT |
|---|---|
| Project Coordinator **(no more than 15% of budget)** | |
| Instructor Expenses | |
| Instructor Certifications | |
| Equipment Rental/Purchase | |
| Marketing/promotion | |
| Food **(no more than 10% of budget)** | |
| Copying/Printing | |
| Supplies | |
| Transportation | |
| Postage | |
| Translation/Interpretation | |
| Insurance | |
| Other Project Expenses (list each additional item separately) | |
| | |
| | |
| **TOTAL PROJECT COSTS** | |

**IMPORTANT:** *Budget should not exceed amount requested*

## SUBMISSION INFORMATION

**APPLICATION MUST BE TYPED IN MINIMUM OF 11 POINT FONT**
Mail or Hand delivery/FedEx/UPS: Seattle Parks and Recreation
C/O Get Moving/Recreation For All at 4209 W. Marginal Way SW Seattle, WA  98106
E-mail:  spr4all@seattle.gov

**IMPORTANT**: *An organization may only apply for one of the funding sources per grant cycle. We strongly encourage organizations with annual operating budgets under $500k to apply.*

If e-mailing, you must scan signed page 2. Email is preferable wherever possible.  **Please submit one signed copy.**

## APPLICATION REVIEW, NOTIFICATION AND REPORTING

An independent peer panel of nonprofit organization members, community, and Seattle Parks and Recreation representatives will review and evaluate applications according to the program criteria and recommend funding. All awardees will be required to report on milestones, targets, and results of your project or program.